



# STATE OF CONNECTICUT

## DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Effective Date: *January 10, 2000*

### **COMMISSIONER'S INTERIM POLICY STATEMENT NO. 22-C: RESTRAINT for ACUTE MEDICAL and SURGICAL CARE**

This policy has been written to conform with Connecticut General Statutes Section 17a-540-17a 550, State of CT. Public Act 99-210, and HCFA Conditions of Participation: Interim Final Rule (HCFA 3018-IFC: (f) Standard: Restraint for acute medical and surgical care, and JCAHO Standards.

It is the expectation of the Office of the Commissioner that each facility shall have a written policy and procedure that governs the use of restraint which are appropriate to its needs. This policy statement serves as the minimum guideline in the drafting of a policy and procedure by the individual facilities.

### **DEFINITIONS**

**Physical Restraint.** Any physical (manual) restraint or mechanical device, material, or equipment attached or adjacent to the patient's body that s/he can not easily remove that restricts the freedom of movement and access to his or her body.

**Drug used as a restraint (chemical restraint).** A drug is considered a restraint when it is used without the patient's consent to control behavior or to restrict the patient's freedom of movement and is not standard treatment for the patient's medical or psychiatric condition. It does not include use of a drug that is part of a standard treatment for the patient's medical or psychiatric condition.

**Licensed Independent Practitioner (LIP).** A licensed person who is permitted by law and by the facility to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with granted clinical privileges.

### **REQUIREMENTS**

#### **Patients Rights**

1. Patients have the right to be free from the use of restraint that are not medically necessary, of any form as a means of coercion, discipline, convenience, or retaliation by staff. Restraints can only be used if needed to prevent immediate or imminent injury to the patient when no less restrictive alternative is effective.
2. If restraints are used, they must be used in accordance with the patient's plan of care, when other less restrictive measures have been found to be ineffective, in the least restrictive manner possible and ended at the earliest possible time.

#### **Safety Policies**

3. Material/equipment used to restraint patients shall be have been manufactured solely for that purpose and used according to the manufacturers instructions.
4. Each facility shall determine the type of restraints permitted for medical reasons and shall have procedures which describe each restraint type, purpose, contraindications, application instructions, and cleaning instructions for each type of restraint.

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### Assessment and Orders for the use of Restraint

5. PRN restraint orders are not permitted for the use of medical restraints.
6. A physician or LIP is required to directly assess the patient (face to face) prior to writing a new order for the use of restraints for medical reasons.
7. In the event that a physician is not readily available, a registered nurse may initiate the use of restraints for medical reasons in an emergency.
  - a) The nurse then calls the physician immediately to obtain the order;
  - b) describes the nature of the medical problem; and the rationale for use;
  - c) documents the order on the Physician's Order Sheet; and
  - d) documents the same in the patient's medical record.
8. If a physician did not initiate the use of restraints, s/he must assess the patient's condition face-to face within **1 hour** of the application of restraints and then:
  - a) countersign the telephone order with date and time of the countersignature;
  - b) document in the medical record the results of his/her assessment;
  - c) document rationale for the decision to use restraint, including less restrictive interventions and;
  - d) document the effect of restraints on the patient's treatment plan.
9. All medical restraint orders are written for a maximum of 4 hours at which time restraints will be terminated and other forms of treatment attempted, unless the patient remains an imminent danger to self or others as assessed by a physician or nurse.
10. The use of medical restraint is in accordance with a written modification to the patient's treatment plan.
11. Following a direct assessment of a physician or registered nurse, a patient is removed from restraint at the earliest possible time which may be prior to the time specified in the order and is documented in the patient's medical record.
12. **Renewal (telephone) restraint orders** may be obtained by the nurse every 4 hours if:
  - (a) The physician performed a face-to-face assessment within 24 hours; and
  - (b) The registered nurse determines that the termination of restraint poses an immediate or imminent risk of injury to the patient or to others.
13. The physician issuing the renewal order must countersign the telephone orders within 24 hours, with date and time.
14. If someone other than the "treating" physician writes the order, the treating physician must be consulted as soon as possible.
15. The patient is not continuously restrained for more than 4 hours, at which time ambulation, exercise, and toileting occurs, if the patient is physically able.

### Observation and Care of the Patient in Restraint

16. The condition of the patient who is in restraint is monitored on continuous observation and regularly assessed and reevaluated. Standards for nursing care of patient in restraint are included in the DMHAS Nursing Procedure that relates to this policy.

## **Documentation**

17. Any use of restraints requires documentation in the medical record and includes:
  - a) The nature of the emergency and other steps taken to prevent the use of restraints for medical reasons; and
  - b) a detailed description of the type of the restraint, its duration, and its effect on the person's established treatment plan.

## **Training and Education**

18. Staff that have direct patient contact shall be trained and educated in the proper and safe use of medical restraints and alternatives for handling situations that have traditionally been addressed through the use of medical restraints.
19. Training and education shall include but not be limited to:
  - a) safe application of medical restraints;
  - b) Less restrictive alternatives;
  - c) types of medical restraints;
  - d) monitoring to prevent harm to a person medically restrained;
  - e) observation and care of the patient in restraints and;
  - f) recording and reporting procedures on the use of restraints.

## **Performance Improvement**

20. Use of restraints for medical reasons shall be reported to the facility Medical Director and to the Director of Nursing for review the next business day. The review shall include the investigation of unusual or unwarranted patterns of utilization. Data shall be used for determining root causes and for developing alternative strategies with a goal of ongoing reduction of restraint use.

## **Reporting of Medical Restraint**

21. The use of medical restraints shall be reported to the Office of the Commissioner (OOC) monthly, in accordance with the guidelines promulgated by the OOC.
22. A patient injury as a result of medical restraint use is reported via the Incident Reporting System to the Office of the Commissioner.
23. Each hospital is to report to the Office of the Commissioner any death that occurs while a patient is in medical restraint, or where it is reasonable to assume that a patient's death is a result of medical restraint.
24. Each hospital is to report to JCAHO and to HCFA any death that occurs while a patient is in restraint, or where it is reasonable to assume that a patient's death is a result of restraint.
25. If the use of medical restraints in any incident of serious injury or death of persons in restraint, the Commissioner shall report any serious injuries or death due to medical restraints to the Office of the Protection and Advocacy for Persons with Disabilities.



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Albert J. Solnit, M.D.  
Commissioner